

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Connected Fertility Monitoring PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

FDBA Heather Graham MD, PLLC

3. Debtor's federal Employer Identification Number (EIN) 85-4132018

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

2310 Randolph Road, Suite B  
Charlotte, NC 28207

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Mecklenburg  
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Connected Fertility Monitoring PLLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Connected Fertility Monitoring PLLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District When Case number, if known

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	<b>Connected Fertility Monitoring PLLC</b>	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Connected Fertility Monitoring PLLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 28, 2023**  
MM / DD / YYYY

**X /s/ Heather J. Graham**

Signature of authorized representative of debtor

**Heather J. Graham**

Printed name

Title

**18. Signature of attorney**

**X /s/ Richard S. Wright**

Signature of attorney for debtor

Date **April 28, 2023**

MM / DD / YYYY

**Richard S. Wright 24622**

Printed name

**Moon Wright & Houston, PLLC**

Firm name

**212 N. McDowell Street**

**Suite 200**

**Charlotte, NC 28204**

Number, Street, City, State & ZIP Code

Contact phone **704-944-6560**

Email address **rwright@mwhattorneys.com**

**24622 NC**

Bar number and State

**CORPORATE RESOLUTION**

The undersigned, being the sole member and manager of Connected Fertility Monitoring PLLC f/k/a Heather Graham MD, PLLC, a North Carolina limited liability company (the “Company”), does hereby adopt the following resolutions by signing below to consent to action without holding a formal meeting of the members and/or managers of the Company:

RESOLVED, that the filing by the Company of a petition for relief under chapter 11 of title 11, United States Code (the “Bankruptcy Code”), in the United States Bankruptcy Court for the Western District of North Carolina is approved; and it is

FURTHER RESOLVED, that the sole member-manager of the Company, Heather J. Graham (hereinafter, the “Manager”), is authorized, empowered, and directed to execute on behalf of the Company a petition for relief under chapter 11 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Western District of North Carolina, and any affidavits, declarations, forms, schedules, applications or any other pleadings or documents which are necessary or appropriate, including, but not limited to, debtor-in-possession financing arrangements; and it is

FURTHER RESOLVED, that the retention on behalf of the Company of the law firm of Moon Wright & Houston, PLLC to render legal services to, and to represent the Company in such chapter 11 proceeding and other related matters in connection therewith, is authorized and approved; and it is

FURTHER RESOLVED, that the Manager is authorized to retain on behalf of the Company such other professionals as the Manager of the Company deems necessary or appropriate, upon such terms and conditions as the Manager shall approve, to render services to the Company in connection with such chapter 11 proceeding and with respect to other related matters in connection therewith; and it is

FURTHER RESOLVED, that the Manager of the Company is authorized, empowered, and directed to take any and all further actions and to execute and deliver any and all such further instruments and documents and to pay all such expenses where necessary or appropriate in order to carry out fully the intent and to accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all actions taken by the Company prior to the date hereof in connection with the reorganization of the Company or any matter related thereto, or by virtue of these resolutions, are hereby in all respects ratified, confirmed, and approved.

[Signature Page Follows]

Dated: Charlotte, North Carolina  
April 14, 2023

**CONNECTED FERTILITY MONITORING PLLC**



By: \_\_\_\_\_(SEAL)

Heather J. Graham  
Sole Member-Manager

**Fill in this information to identify the case:**

Debtor name Connected Fertility Monitoring PLLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 28, 2023

X /s/ Heather J. Graham

Signature of individual signing on behalf of debtor

Heather J. Graham

Printed name

\_\_\_\_\_  
Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name **Connected Fertility Monitoring PLLC**  
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CenterState Bank, N.A. 1951 8th Street NW Suite 1200 Winter Haven, FL 33881		Ultrasound Machine		\$406,843.30	\$18,500.00	\$388,343.30
Hush Communications Canada Inc. Suite 360, 580 Hornby Street Vancouver, BC, V6C 3B6 Canada		HIPPA Compliant Email Service				\$18.53
Iron Horse Auction Company 174 Airport Road Rockingham, NC 28379						\$500.00
Joanna Johnson 1100 Coddington Place Charlotte, NC 28211		Contractor				\$850.00
Joyce Burgess 561 Fair Oaks Drive Fort Mill, SC 29708		Contractor				\$1,900.00
Mecklenburg County Tax Collector PO Box 31457 Charlotte, NC 28231-1457						\$0.00
Quest Diagnostics 500 Plaza Drive Secaucus, NJ 07094		Lab Service Provider				\$2,221.20

Fill in this information to identify the case:

Debtor name **Connected Fertility Monitoring PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **34,949.78**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **34,949.78**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **406,843.30**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **5,489.73**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **412,333.03**

**Fill in this information to identify the case:**Debtor name **Connected Fertility Monitoring PLLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B  
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Truist Bank****7224****\$7,828.78****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$7,828.78****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11b. Over 90 days old:

**17,242.00**

face amount

-

**8,621.00**

doubtful or uncollectible accounts

=...

**\$8,621.00**

Debtor Connected Fertility Monitoring PLLC Case number (If known) \_\_\_\_\_  
Name

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$8,621.00**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	<b>Ultrasound Machine</b>	<b>\$0.00</b>	<b>Appraisal</b>	<b>\$18,500.00</b>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$18,500.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No

Debtor Connected Fertility Monitoring PLLC Case number (If known) \_\_\_\_\_  
Name

☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☐ No

☒ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Nonresidential Real Property Lease 2310 Randolph Road, Suite B Charlotte, NC 28207	Lessee	\$0.00		\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites www.connectedfertilitymonitoring.com	\$0.00		Unknown

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

Debtor Connected Fertility Monitoring PLLC Case number (If known) \_\_\_\_\_  
Name

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Connected Fertility Monitoring PLLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$7,828.78</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$8,621.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$18,500.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$34,949.78</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$34,949.78</b>

## Case number (if known)

☐ Check if this is an amended filing

12/15

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**\$18,500.00**

☐ Disputed

- \$406,843.30**

Last 4 digits of  
account number for  
this entity



Fill in this information to identify the case:

Debtor name **Connected Fertility Monitoring PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Americorp Financial, LLC</b> <b>877 S. Adams Road</b> <b>Birmingham, MI 48009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.2	Nonpriority creditor's name and mailing address <b>BFG Corporation</b> <b>2801 Lakeside Dr., Suite 212</b> <b>Bannockburn, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.3	Nonpriority creditor's name and mailing address <b>Gary Johns</b> <b>388 Camden Pass LN</b> <b>Fort Walton Beach, FL 32547</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Notice Purposes Only</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.4	Nonpriority creditor's name and mailing address <b>Hush Communications Canada Inc.</b> <b>Suite 360, 580 Hornby Street</b> <b>Vancouver, BC, V6C 3B6</b> <b>Canada</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>HIPPA Compliant Email Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$18.53</b>

Debtor	<b>Connected Fertility Monitoring PLLC</b> Name _____	Case number (if known) _____
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Internal Revenue Service</b> <b>Bankruptcy Section</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Notice Purposes Only</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Horse Auction Company</b> <b>174 Airport Road</b> <b>Rockingham, NC 28379</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Joanna Johnson</b> <b>1100 Coddington Place</b> <b>Charlotte, NC 28211</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Contractor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>John Lytton's Performance Unlimited, Inc</b> <b>6300 Carmel Road, #140</b> <b>Charlotte, NC 28226</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Joyce Burgess</b> <b>561 Fair Oaks Drive</b> <b>Fort Mill, SC 29708</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Contractor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,900.00</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Mecklenburg County Tax Collector</b> <b>PO Box 31457</b> <b>Charlotte, NC 28231-1457</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>North Carolina Department of Revenue</b> <b>Attention: Bankruptcy Unit</b> <b>PO Box 1168</b> <b>Raleigh, NC 27602-1168</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Notice Purposes Only</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Connected Fertility Monitoring PLLC</b> Name _____	Case number (if known) _____
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Quest Diagnostics</b> <b>500 Plaza Drive</b> <b>Secaucus, NJ 07094</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,221.20</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lab Service Provider</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>SouthState Bank, N.A.</b> <b>400 Interstate North Parkway</b> <b>Suite 1200</b> <b>Atlanta, GA 30339</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>SouthState Bank, N.A.</b> <b>1101 First Street South, Suite 202</b> <b>Winter Haven, FL 33880</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Attorney, WDNC</b> <b>Attn: Civil Process Clerk</b> <b>227 West Trade Street, Suite 1650</b> <b>Charlotte, NC 28202</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Small Business Administration</b> <b>Attn: Officer, Manager or General Agent</b> <b>14925 Kingsport Road</b> <b>Fort Worth, TX 76155</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Small Business Administration</b> <b>Attn: Officer, Manager or General Agent</b> <b>North 20th Street, Suite 320</b> <b>Birmingham, AL 35203</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Small Business Administration</b> <b>Attn: Officer, Managing or General Agent</b> <b>200 W. Santa Ana Blvd., Suite 740</b> <b>Santa Ana, CA 92701</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Connected Fertility Monitoring PLLC** Case number (if known) \_\_\_\_\_

Name

3.19 Nonpriority creditor's name and mailing address **U.S. Small Business Administration**  
**Attn: Officer, Manager or General Agent**  
**721 19th Street**  
**Denver, CO 80202**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☐ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address **U.S. Small Business Administration**  
**Attn: Officer, Manager or General Agent**  
**6302 Fairview Road, Suite 300**  
**Charlotte, NC 28210-2227**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☐ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address **United States Attorney General**  
**U.S. Department of Justice**  
**950 Pennsylvania Avenue, NW**  
**Washington, DC 20530-0010**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☐ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 5,489.73
5c.	\$ 5,489.73

Fill in this information to identify the case:

Debtor name **Connected Fertility Monitoring PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Health Insurance**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**BCBS of NC  
PO Box 2291  
Durham, NC 27702**

2.2. State what the contract or lease is for and the nature of the debtor's interest **IT Service Provider**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Best Integration Technologies, Inc.  
1230 W. Morehead Street, Suite 210  
Charlotte, NC 28208**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Phone and Voicemail Service**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Dialpad  
3001 Bishop Drive, Suite 400A  
San Ramon, CA 94583**

2.4. State what the contract or lease is for and the nature of the debtor's interest **HIPPA Compliant Email Service**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Hush Communications Canada Inc.  
Suite 360, 580 Hornby Street  
Vancouver, BC, V6C 3B6  
Canada**

Debtor 1 **Connected Fertility Monitoring PLLC**

Case number (if known)

First Name Middle Name Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Nonresidential Real Property Lease**  
**2310 B Randolph Road**  
**Charlotte, North Carolina**

State the term remaining

List the contract number of any government contract

**LJD Properties, LLC**  
**5614 Laurium Road**  
**Charlotte, NC 28226**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Workers Comp and General Liability Insurance**

State the term remaining

List the contract number of any government contract

**North Carolina Business Insurance Agency**  
**6401 Carmel Road, Suite 208**  
**Charlotte, NC 28226**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Payroll Service**

State the term remaining

List the contract number of any government contract

**OneSource Payroll**  
**624 Matthews Mint Hill Road**  
**Suite 109**  
**Matthews, NC 28105**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Lab Service Provider**

State the term remaining

List the contract number of any government contract

**Quest Diagnostics**  
**500 Plaza Drive**  
**Secaucus, NJ 07094**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Website**

State the term remaining

List the contract number of any government contract

**Squarespace, Inc.**  
**225 Varick Street, 12th Floor**  
**New York, NY 10014**

Debtor 1 **Connected Fertility Monitoring PLLC**

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

**HIPPA Compliant E-Fax**

State the term remaining

List the contract number of any government contract

**SRFAX  
201-5190 Dublin Way  
Nanaimo, BC, V9T 0H2  
Canada**

Fill in this information to identify the case:

Debtor name **Connected Fertility Monitoring PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Heather J. Graham** **6217 Tuskan Drive**  
**Charlotte, NC 28270-5408**

**CenterState Bank,**  
**N.A.**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **LG Movement Group, LLC** **a/k/a Graham Flats LLC**  
**2107 Cumberland Avenue**  
**Charlotte, NC 28203**

**CenterState Bank,**  
**N.A.**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **Sporting Medicine PLLC** **2107 Cumberland Avenue**  
**Charlotte, NC 28203**

**CenterState Bank,**  
**N.A.**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **William C. Graham** **2715 Chelsea Drive**  
**Charlotte, NC 28209**

**CenterState Bank,**  
**N.A.**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_



**Fill in this information to identify the case:**

Debtor name **Connected Fertility Monitoring PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**

From **1/01/2023** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$73,321.24**

**For prior year:**

From **1/01/2022** to **12/31/2022**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$145,084.00**

**For year before that:**

From **1/01/2021** to **12/31/2021**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$104,097.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Quest Diagnostics</b> <b>500 Plaza Drive</b> <b>Secaucus, NJ 07094</b>	1/20/23 <b>\$1047.20</b> 2/9/23 <b>\$1804.05</b> 3/6/23 <b>\$1753.48</b> 3/31/23 <b>\$2825.59</b>	<b>\$7,430.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>Joyce Burgess</b> <b>561 Fair Oaks Drive</b> <b>Fort Mill, SC 29708</b>	1/1/23 <b>\$1250.00</b> 2/1/23 <b>\$1850.00</b> 3/4/23 <b>\$1500.00</b> 3/31/23 <b>\$2100.00</b>	<b>\$6,700.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>See Question 30</b>		<b>\$0.00</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known)

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Financial crime - individuals impersonating law enforcement and targeting physicians	None	1/3/2022	\$17,500.00

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Moon Wright & Houston, PLLC 212 N. McDowell Street Suite 200 Charlotte, NC 28204	Attorney Fees	4/28/23	\$4,578.00
Email or website address rwright@mwhattorneys.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known) \_\_\_\_\_

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 2200 Randolph Road, Suite 1 Charlotte, NC 28207	1/1/21 - 7/31/22
14.2. 2310 Randolph Road, Suite B Charlotte, NC 28207	8/1/2022 - current

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Connected Fertility Monitoring, PLLC 2310 Randolph Road, Suite B Charlotte, NC 28207	Gynecology ultrasounds and labwork for patients undergoing infertility treatment by out of town reproductive specialists	141
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 2310 Randolph Road, Suite B Charlotte, NC 28207	How are records kept? Check all that apply:
	Best Integration Technologies, Inc. 1230 W. Morehead Street, Suite 210 Charlotte, NC 28208	

☒ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known) \_\_\_\_\_

**Medical/insurance information**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known)

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Heather Graham</b> <b>2310 Randolph Road, Suite B</b> <b>Charlotte, NC 28207</b>	<b>1/1/22 - Current</b>
26a.2. <b>Natasha Pope</b> <b>Michelle Smith</b> <b>MBS Custom Business Solutions, LLC</b> <b>7301 Carmel Exec. Park Drive, Suite 320</b> <b>Charlotte, NC 28226</b>	<b>1/1/21 - 12/31/21</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **Connected Fertility Monitoring PLLC**

Case number (if known)

☐ None

**Name and address**

**If any books of account and records are unavailable, explain why**

**For year 2021 only**

26c.1. **Natasha Pope  
Michelle Smith  
MBS Custom Business Solutions, LLC  
7301 Carmel Exec. Park Dr., Suite 320  
Charlotte, NC 28226**

26c.2. **Heather Graham  
2310 Randolph Road, Suite B  
Charlotte, NC 28207**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

**Name**

**Address**

**Position and nature of any interest**

**% of interest, if any**

**Heather J. Graham**

**6217 Tuskan Drive  
Charlotte, NC 28270**

**Owner**

**100%**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Debtor **Connected Fertility Monitoring PLLC** Case number (if known) \_\_\_\_\_

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	\$5,000.00	1/20/23	
	\$5,000.00	2/8/23	
	\$5,000.00	2/25/23	
	\$5,000.00	3/8/23	
Heather Johns Graham	\$5,000.00	4/27/23	
6217 Tuskan Drive	\$4,000.00	1/1/22 -	
Charlotte, NC 28270	\$33,800.00	12/31/22	Owner's Salary
Relationship to debtor			
Owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 28, 2023**

**/s/ Heather J. Graham**  
 Signature of individual signing on behalf of the debtor

**Heather J. Graham**  
 Printed name

Position or relationship to debtor \_\_\_\_\_

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes



B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Western District of North Carolina**

In re **Connected Fertility Monitoring PLLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>0.00</b>
Prior to the filing of this statement I have received .....	\$	<b>0.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Debtor paid a trust deposit of \$16,738.00. \$4,578.00 was applied to pre-petition work. \$11,182.50 remains on account for post-petition work. Debtor has agreed to pay post-petition fees and expenses as approved by the Bankruptcy Court.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Continued representation of the Debtor in the event the case is converted from Chapter 11 to another Chapter of the Bankruptcy Code; adversary proceedings filed against the Debtor.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**April 28, 2023**

*Date*

**/s/ Richard S. Wright**

**Richard S. Wright 24622**

*Signature of Attorney*

**Moon Wright & Houston, PLLC**

**212 N. McDowell Street**

**Suite 200**

**Charlotte, NC 28204**

**704-944-6560 Fax: 704-944-0380**

**rwright@mwhattorneys.com**

*Name of law firm*

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Western District of North Carolina**

In re **Connected Fertility Monitoring PLLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>Normal Hourly Rates</b>
Prior to the filing of this statement I have received .....	\$	<b>16,738.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Debtor paid a trust deposit of \$16,738.00. \$4,578.00 was applied to pre-petition work. \$11,182.50 remains on account for post-petition work. Debtor has agreed to pay post-petition fees and expenses as approved by the Bankruptcy Court.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Continued representation of the Debtor in the event the case is converted from Chapter 11 to another Chapter of the Bankruptcy Code; appeals of rulings by the Bankruptcy Court.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**April 28, 2023**

*Date*

**/s/ Richard S. Wright**

**Richard S. Wright 24622**

*Signature of Attorney*

**Moon Wright & Houston, PLLC**

**212 N. McDowell Street**

**Suite 200**

**Charlotte, NC 28204**

**704-944-6560 Fax: 704-944-0380**

**rwright@mwhattorneys.com**

*Name of law firm*

**United States Bankruptcy Court  
Western District of North Carolina**

In re **Connected Fertility Monitoring PLLC**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

<b>Heather J. Graham 6217 Tuskan Drive Charlotte, NC 28270</b>			
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**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **April 28, 2023**

Signature **/s/ Heather J. Graham  
Heather J. Graham**

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of North Carolina**

In re **Connected Fertility Monitoring PLLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 28, 2023**

**/s/ Heather J. Graham**

**Heather J. Graham/**

Signer/Title

Americorp Financial, LLC  
877 S. Adams Road  
Birmingham, MI 48009

BCBS of NC  
PO Box 2291  
Durham, NC 27702

Best Integration Technologies, Inc.  
1230 W. Morehead Street, Suite 210  
Charlotte, NC 28208

BFG Corporation  
2801 Lakeside Dr., Suite 212  
Bannockburn, IL 60015

CenterState Bank, N.A.  
1951 8th Street NW  
Suite 1200  
Winter Haven, FL 33881

Dialpad  
3001 Bishop Drive, Suite 400A  
San Ramon, CA 94583

Gary Johns  
388 Camden Pass LN  
Fort Walton Beach, FL 32547

Heather J. Graham  
6217 Tuskan Drive  
Charlotte, NC 28270-5408

Hush Communications Canada Inc.  
Suite 360, 580 Hornby Street  
Vancouver, BC, V6C 3B6  
Canada

Internal Revenue Service  
Bankruptcy Section  
PO Box 7346  
Philadelphia, PA 19101-7346

Iron Horse Auction Company  
174 Airport Road  
Rockingham, NC 28379

Joanna Johnson  
1100 Coddington Place  
Charlotte, NC 28211

John Lytton's Performance Unlimited, Inc  
6300 Carmel Road, #140  
Charlotte, NC 28226

Joyce Burgess  
561 Fair Oaks Drive  
Fort Mill, SC 29708

LG Movement Group, LLC  
a/k/a Graham Flats LLC  
2107 Cumberland Avenue  
Charlotte, NC 28203

LJD Properties, LLC  
5614 Laurium Road  
Charlotte, NC 28226

Mecklenburg County Tax Collector  
PO Box 31457  
Charlotte, NC 28231-1457

North Carolina Business Insurance Agency  
6401 Carmel Road, Suite 208  
Charlotte, NC 28226

North Carolina Department of Revenue  
Attention: Bankruptcy Unit  
PO Box 1168  
Raleigh, NC 27602-1168

OneSource Payroll  
624 Matthews Mint Hill Road  
Suite 109  
Matthews, NC 28105

Quest Diagnostics  
500 Plaza Drive  
Secaucus, NJ 07094

SouthState Bank, N.A.  
400 Interstate North Parkway  
Suite 1200  
Atlanta, GA 30339

SouthState Bank, N.A.  
1101 First Street South, Suite 202  
Winter Haven, FL 33880

Sporting Medicine PLLC  
2107 Cumberland Avenue  
Charlotte, NC 28203

Squarespace, Inc.  
225 Varick Street, 12th Floor  
New York, NY 10014

SRFAX  
201-5190 Dublin Way  
Nanaimo, BC, V9T 0H2  
Canada

U.S. Attorney, WDNC  
Attn: Civil Process Clerk  
227 West Trade Street, Suite 1650  
Charlotte, NC 28202

U.S. Small Business Administration  
Attn: Officer, Manager or General Agent  
14925 Kingsport Road  
Fort Worth, TX 76155

U.S. Small Business Administration  
Attn: Officer, Manager or General Agent  
North 20th Street, Suite 320  
Birmingham, AL 35203

U.S. Small Business Administration  
Attn: Officer, Managing or General Agent  
200 W. Santa Ana Blvd., Suite 740  
Santa Ana, CA 92701

U.S. Small Business Administration  
Attn: Officer, Manager or General Agent  
721 19th Street  
Denver, CO 80202

U.S. Small Business Administration  
Attn: Officer, Manager or General Agent  
6302 Fairview Road, Suite 300  
Charlotte, NC 28210-2227

United States Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0010

William C. Graham  
2715 Chelsea Drive  
Charlotte, NC 28209



**United States Bankruptcy Court  
Western District of North Carolina**

In re **Connected Fertility Monitoring PLLC**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Connected Fertility Monitoring PLLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**April 28, 2023**

Date

**/s/ Richard S. Wright**

**Richard S. Wright 24622**

Signature of Attorney or Litigant

Counsel for **Connected Fertility Monitoring PLLC**

**Moon Wright & Houston, PLLC**

**212 N. McDowell Street**

**Suite 200**

**Charlotte, NC 28204**

**704-944-6560 Fax:704-944-0380**

**rwright@mwhattorneys.com**